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SERIAL NUMBER 10/625,295	FILING DATE 07/22/2003  RULE	CLASS 415	GROUP ART UNIT 3745	ATTORNEY DOCKET NO. H0004409- -3114
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## APPLICANTS

Gary D'Angelo, Bristol, CT;

Tom Banach, Barkhamsted, CT;

Robert Franconi, New Hartford, CT; James Gibb, Burlington, CT;

Bob Goodman, West Hartford, CT;

\*\* CONTINUING DATA \*\*\*\*\*

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\*\* FOREIGN APPLICATIONS \*\*\*\*\*

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IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 06/02/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>sk</i> Initials <i>sk</i>	STATE OR COUNTRY CT	SHEETS DRAWING 6	TOTAL CLAIMS 34	INDEPENDENT CLAIMS 4
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## ADDRESS

000128

HONEYWELL INTERNATIONAL INC.

101 COLUMBIA ROAD

P O BOX 2245

MORRISTOWN, NJ

07962-2245

## TITLE

Bleed valve system

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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